SORY PRO SE OFFICE

UNITED STATES DISTRICT COURT 2023 MAR - 1 PM 2: 53 SOUTHERN DISTRICT OF NEW YORK

Tawana Harris Ponell	
Write the full name of each plaintiff. -against- Adanna Simon	CV(Include case number if one has been assigned) COMPLAINT Do you want a jury trial? Yes \(\sum \) No
Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.	

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

be a citizen of the same State as any plaintiff.
What is the basis for federal-court jurisdiction in your case?
Federal Question
☐ Diversity of Citizenship
A. If you checked Federal Question
Which of your federal constitutional or federal statutory rights have been violated? Harassment unite in the workface
B. If you checked Diversity of Citizenship
1. Citizenship of the parties
Of what State is each party a citizen? The plaintiff, lawana Hans Powell , is a citizen of the State of (Plaintiff's name)
NEW YORK State (State in which the person resides and intends to remain.)
or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of
If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an indi-	vidual:		
The defendant, (Defendant)	nna Simo Iant's name)	<u> </u>	a citizen of the State of
Menyor Stat	6		
or, if not lawfully admitt subject of the foreign stat	ed for permanent		ted States, a citizen or
If the defendant is a corpo	oration:	•	
The defendant,		, is incor	oorated under the laws of
the State of			
and has its principal plac	e of business in t	he State of	
or is incorporated under	the laws of (foreig	gn state)	
and has its principal plac	ce of business in		•
If more than one defendan information for each additi		omplaint, attach additi	onal pages providing
II. PARTIES			
A. Plaintiff Information	n		
Provide the following infor pages if needed.	mation for each pl	laintiff named in the c	omplaint. Attach additional
Tawara	7_	Harris	Powell
First Name	Middle Initial	Last Name	
49 Crown	<u>S7</u>	10 F	,,,,,
Street Address	/ \ .	A 1. A	11225
TINGS Droo	MIYN	State	7 Sodo
County, City	/- Q	State State	zip Code S & 2 D M hoo 1 Com
DYD — 285 - 44 Telephone Number	<u>vy</u>	TUWQNQ NQYYI Email Address (if avail	

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:	Adanna	Simon	
	First Name	A Last Name	11 ,) (4
	LPN at	Hach Cove Many	Manning Walsh
	Current Job Title (or other identifying information)	/ "
	1534 101	K AVE	
	•	ress (or other address where defer	idant may be served)
	New.		10021
	County, City	State (Zip Code
Defendant 2:			
	First Name	Last Name	
	Current Job Title (or other identifying information)	· · · · · · · · · · · · · · · · · · ·
	Current Work Add	ress (or other address where defer	dant may be served)
	County, City	State	Zip Code
Defendant 3:			
	First Name	Last Name	
	Current Job Title (or other identifying information)		
	Current Work Address (or other address where defendant may be served)		
	County, City	State	Zip Code

Defendant 4:			
	First Name	Last Name	-
	Current Job Title (o	or other identifying information)	_
	Current Work Addr	ress (or other address where defendant may be served)	_
	County, City	State Zip Code	
III. STATEME	NT OF CLAIM		
Place(s) of occur	rence: <u>Arch Cow</u>	e at Many Manning Woulsh Nur	sing 1
Date(s) of occurr	ence: 2 22 22	_ 1 3 23 1 19 23 2/2/23 2/19	1/23
FACTS:	•		•
	at each defendant pe	pport your case. Describe what happened, how you were ersonally did or failed to do that harmed you. Attach	
A person Jeanne W	is guilty nen, with	of Harassment in the Second	<u>1</u>
mother p	erson In	ocident December 22,2023	
alls my b	ersonal Col	lehone white at work	
ulen it f	ect was	Block Jan 19, 2023	
vaits un	til I Wal	IR by her Name-calling	_
Offensue	10/ces 0	(I Con't believe Someode	2/
uno is sk	while and	d has Nothing (Body Sham	ing)
ias amo	(n) Junn	ithibited Screaming and	
Xelling	at emi	ployees are a Signature	<u>/</u>
of work!	21ace bull	ying Incident January	
3,2023	LPN Sim		-
Answer	the fuct		2/1/S
of the N	ursing t	tome cursing at me	_

February 2 2023 (PNSimon Calls Security
on Myself while I was providing patient
Care " I need assistance" with toward
She is not answering the bells" After
Filing a Harassment Complaint with
the Ite Department at Hichcare Mary
Manning Walsh, Meeting held tebruary
10,2023 LPN Simow geports 10
Norls tebruary 14,2023 and Calls
the Cops on Myse'H and I had just arm
INJURIES:
If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.
T had to call off work for separation
inhil HR Seperated Myself and LPN
Simon then she called the cops after
the Seperation I been expenercina
Cilittle anxiety unable to focus or sh
IV. RELIEF State briefly what manay damages or other relief you want the court to order
State briefly what money damages or other relief you want the court to order.
My Salety and wented health is more
importent to me; I can't work
for this Company if I am not Safe
in a mostile environment Swithing
Jobs and Schedule is putting my
Education on reld and has interfered
with My Health I want all time to
sick vereation, Hondays that are let 10
ve Correponsated and also pain 9 Page 6

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to

proceed without prepayment of fees, each plaintiff must also submit an IFP application.

3-1-33
Dated
Plaintiff's Signature

10 W0 N0
First Name
Middle Initial
Last Name
10 F
Street Address
Fings Brooklyw
State
County, City
Telephone Number

Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:
☑ Yes □ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.